

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

OMAR WILSON,

Complainant,

v.

HOSPITAL FOR SPECIAL SURGERY,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.
10215036

Federal Charge No. 16GC200994

I, Omar Wilson, residing at 2756 Lurting Avenue, bsmt, Bronx, NY, 10469, charge the above named respondent, whose address is 535 East 70th Street, New York, NY, 10021 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of creed.

Date most recent or continuing discrimination took place is 12/6/2021.

The allegations are:

SEE ATTACHED COMPLAINT FORM

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of creed, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

**New York State Division of Human Rights
Employment Complaint Form**

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:		
First Name <u>Omar</u>	Middle Initial/Name <u>N</u>	
Last Name <u>Wilson</u>		
Street Address/ PO Box <u>2756 Lurting avenue</u>	Apt or Floor #: <u>bsmt</u>	
City <u>Bronx</u>	State <u>NY</u>	Zip Code <u>10469</u>
If you are filing on behalf of another, provide the name of that person:	Date of birth:	Relationship:
2. Regulated Areas: Check the area where the discrimination occurred: (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)		
<input checked="" type="checkbox"/> Employment (<i>including paid internship</i>) <input type="checkbox"/> by a Labor Organization <input type="checkbox"/> Internship (<i>unpaid</i>) <input type="checkbox"/> Apprentice Training <input type="checkbox"/> Contract Work (<i>independent contractor, or work for a contractor</i>) <input type="checkbox"/> by a Temp or Employment Agency <input type="checkbox"/> Volunteer Position <input type="checkbox"/> Licensing		
3. You are filing a complaint against:		
Employer, Worksite, Agency or Union Name <u>Hospital for Special Surgery</u>		
Street Address/ PO Box <u>535 East 70th street</u>		
City <u>ny</u>	State <u>ny</u>	Zip Code <u>10021</u>
Telephone Number: <u>212-606-1000</u>		
In what county or borough did the violation take place? <u>Manhattan</u>		
Individual people who discriminated against you:		
Name: _____	Title: _____	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		
4. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on: <u>12062021</u> month day year		
5. For employment and internships, how many employees does this company have?		
<input type="checkbox"/> 1-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know		

6. Are you currently working for this company?

<input type="checkbox"/> Yes. Date of hire:	month	day	year	What is your position?
<input checked="" type="checkbox"/> No. Last day of work:	12	06	2021	What was your position? Senior Implant Technician
<input type="checkbox"/> I was never hired. Date of application:	month	day	year	What position did you apply for?

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input checked="" type="checkbox"/> Creed/ Religion: Please specify: belief _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

<input type="checkbox"/> Retaliation: How did you oppose discrimination: _____
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.
<input type="checkbox"/> Relationship or association

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply			
<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input checked="" type="checkbox"/> Fired me/laid me off	<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input checked="" type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

1

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

In August 2021, I applied for a religious exemption from taking the Sars-Cov-2 vaccine due to conflicts with my beliefs. I expressed that I cannot take this vaccine do to my personal beliefs. I was able to work until November 19th, when I was placed on unpaid suspension. On December 6th I was terminated from employment due to lack of proof of vaccination, citing the State Mandate. With the Hospital being fully aware that my reasons for not taking this vaccine are of a creed origin, I feel I have been discriminated against. I am free to reject any practices that go against my beliefs.

The State mandate is a bind between Employers and the State. I am arguing a completely seperate issue. This discrimination is between my employer and myself. The fact that my Employer is mandated by the state to enforce these actions is completely seperate. As it stands, my employer has terminated me for refusing to comply with a practice that is against my beliefs. If there is a conflict here, my employer is free to take it up with the State.

Under Unlawful discriminatory practices 296 10, it is unlawful for my employer to force me to forego a sincerly held belief.

Secondly, my employer communicated to me that they could not convert my position to a fully remote position. There are an incredible amount of positions that were converted to remote during the past 2 years. My department has multiple assignments that can be done remotely, and sometimes our daytime coordinator performs these actions from home. There are other departments whose entire staff has been converted to remote ie, "Purchasing". There is even a Director of a department that lives in Canada.

Thirdly, I have not been contacted by my employer in regards to me returning my identification badges, keys and other effects. I called and emailed my director about these effects and my personal effects and was told I would be given this information. This was three weeks ago. Calls and emails have not been returned.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Signature (Declaration or Oath)

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL OW _____

Human Rights Law § 297.1 requires that a complaint filed with the Division of Human Rights must be "under oath or by declaration." **You must complete either the "declaration" or "oath" sections below.** The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this 31 day of December (month), 2021 (year) at new york (city), NY (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

Omar Wilson

[Complainant name]

OATH

STATE OF NEW YORK)
COUNTY OF) SS:

, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

Complainant signature

Subscribed and sworn to
before me this day
of , 20

Signature of Notary Public

Please note: Once this form is completed and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.